

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51		1				
2		1					52		1				
3							53		1				
4							54		1				
5							55		1				
6							56		1				
7							57						
8							58						
9	1						59						
10		1					60						
11		10					61						
12		10					62						
13		10					63						
14		10					64						
15		10					65						
16		10					66						
17		10					67						
18		10					68						
19		10					69						
20		10					70						
21		10					71						
22		1					72						
23		1					73						
24		1					74						
25		1					75						
26		1					76						
27		1					77						
28		1					78						
29	1						79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37	1						87						
38		1					88						
39		10					89						
40		10					90						
41		10					91						
42		10					92						
43		10					93						
44		10					94						
45		10					95						
46		10					96						
47		10					97						
48		10					98						
49		10					99						
50		1					100						
TOTAL IND.	1						TOTAL IND.		1				
TOTAL DEP.		10					TOTAL DEP.						
TOTAL CLAIMS	1	10					TOTAL CLAIMS		1				

102/4